Bridging the Gap – TH, RRH, HP, Non CoC PSH and SSO

Adult Entry / Assessment Form

Agency:	Project Entry Date:						
Project:			Case Worker:				
Hawaii HMIS	Add New Clier	nt: Identifying					
Name Quality*:	□ Full name	□ Partial, stree	me 🛛 Client doesn	't know	□ Client prefers not to answer □ Data not collected		
First Name*:		Last Name*:					
Middle Name:		Suffix					
Birth Date*:	□ Full DOB □ Par □ Partial (MM/YY) □ Cli					prefers not to answer not collected Age:	
Social Security#	*•			□ Partial doesn't know		prefers not to answer not collected	
Gender*	<ul> <li>☐ Man (Boy, if end of the second s</li></ul>	, if child) $T$	wo-spirit) on-Binary	ecific identity (e.g. Client doesn't know Client prefers not to ansv Data not collected Data not collected		ent prefers not to answer	
Primary Language*	<ul> <li>Chinese</li> <li>Chuukese</li> <li>English</li> <li>Ilocano</li> <li>Japanese</li> <li>Other:</li> </ul>	<ul> <li>□ Korean</li> <li>□ Marshallese</li> <li>□ Spanish</li> <li>□ Tagalog</li> <li>□ Vietnamese</li> </ul>	1	If Non-US Citizen □ Chuuk-Micr □ Kosrae-Micr □ Marshall Isla □ Palau	onesia onesia	<ul> <li>Pohnpei-Micronesia</li> <li>Yap-Micronesia</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> <li>Data not collected</li> </ul>	
Relationship to HOH*	<ul> <li>Self (H of H)</li> <li>Spouse</li> <li>Child</li> <li>Step Child</li> <li>Foster Child</li> <li>Grandparent</li> </ul>			Veteran Sta □ No □Yes		<ul> <li>Client doesn't know</li> <li>Client prefers not to answer</li> <li>Data not collected</li> </ul>	
□ Ar Iı □ As □ Bla □ Hi □ Mi	et all that apply) nerican Indian, Al ndigenous sian or Asian Ame ack, African Amer spanic/Latin(a)(o) iddle Eastern/Nort Race and Ethnicit	rican* rican, African h African	□ White □ Client □ Client	e Hawaiian or Pacific doesn't know prefers not to answe not collected			

Bridging the Gap – TH	I, RRH, HP, Non CoC PSH a	nd SSO Adult Ent	ry / Assessment Form
Hawaii HMIS Add New	<b>Client: Identifying (Continue</b>	ed)	
If Asian Chosen Above* <ul> <li>Asian Indian</li> <li>Chinese/Taiwanese</li> </ul>	<ul> <li>□ Filipino</li> <li>□ Vietnamese</li> <li>□ Japanese</li> <li>□ Other Asian</li> <li>□ Korean</li> </ul>		
□ Native Hawaiian	Pacific Islander chosen above* □ Marshallese □ Samoan □ Micronesian □ Other Pacific	□ Tongan Sislander	
What race do you identify American India/Alaskan Asian Indian Black/African American Chinese/Taiwanese Filipino		<ul> <li>☐ Micronesian</li> <li>☐ Other Asian</li> <li>☐ Other Pacific Islander</li> <li>☐ Portuguese</li> <li>☐ Samoan</li> </ul>	<ul> <li>Tongan</li> <li>Vietnamese</li> <li>White</li> <li>Client doesn't know</li> <li>Client refused</li> <li>Data not collected</li> </ul>
<b>Contact Information</b>			
Address*:			
City:		County:	
Country*:		State:	
Cell Phone:			
	econdary 🛛 Tertiary		Secondary  Tertiary
Email Address:			
		□ Primary □	Secondary 🗆 Tertiary
Other Information - CO	NSENT		
Was Consent given to share Date of Consent:	adata? : 🗆 Yes 🛛 No	(Use HMIS Consent Form	)
	ust be uploaded into the HMIS		
Hawaii Add Family			
If more than one adult in	household, complete additional adu	lt entry form; if child, complete	child form
Hawaii Enrollment Add	/Edit		
Enrollment Entry Date*:_	_	Enrollment Exit D	ate: <u>DO NOT CHANGE</u>
Program*:		Provider*: <u>MATC</u>	H PROGRAM NAME
Case Manager:			

# Bridging the Gap – TH, RRH, HP, Non CoC PSH and SSO

Adult Entry / Assessment Form

HUD	Universal	Data
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Client location*(provider) <u>M</u>	ATCH PRO	OGRAM NAME	C	ontinuu	m of Care Co	de: Self Populates in HMIS)
<b>Disabling Condition*</b> □ N	lo □ Ye	s 🛛 Client doesn't	know	🗆 Clie	ent prefers not	to answer 🛛 Data not collected
LIVING SITUATION – Typ	e of Reside	nce Prior to Projec	t Entry	_(Select o	only one answ	ver)
A. HOMELESS SITUATION						
□ Emergency shelter, includ emergency shelter voucher, □ Safe Haven			a		building, bus/	bitation (e.g., a vehicle, an train/subway station/airport or
<ul> <li>B. INSTITUTIONAL SITUAT</li> <li>□ Foster care home or foster</li> <li>□ Hospital or other residenti</li> <li>□ Jail, prison, or juvenile de</li> </ul>	care group	hiatric medical facility	y 🗆	] Psychiat	tric hospital or	y or nursing home other psychiatric facility nent facility or detox center
C. TEMPORARY HOUSING	SITUATIO	N				
□ Hotel or motel paid for wi □ Host home (non-crisis)				] Transitio		riend's room, apartment, or house or homeless persons (including
□ Staying or living in a fami house	ly member'	s room, apartment, or				nalfway house with no homeless
<ul> <li>D. PERMANENT HOUSING</li> <li>Rental by client, no ongoin</li> <li>Rental by client, with on below):</li> </ul>	ng housing s	subsidy				ongoing housing subsidy ngoing housing subsidy
* Subsidy type □ Housing	stability voi	ıcher		□ Perma	anent supporti	ve housing
	•	rogram voucher (FUI	<b>P</b> )		c housing unit	
□ Foster Y	outh to Inde	pendence Initiative (F	FYI)	🗆 Renta	l by client, wi	th other ongoing housing subsidy
		t or project based)			or equivalent	
	) housing su	•			H housing sub	sidy
☐ Other pe	rmanent hou	ising dedicated for for	rmerly h	omeless p	bersons	
E. OTHER						
□ Client doesn't know □ Client prefers not to answ	er			] Data not	t collected	
A. If HOMELESS situation s	selected ab	ove, answer questic	ons: (if	not, skip	to next quest	tion)
		Length of Stay in	the Pric	or Living	Situation:	
Approximate date this epi	isode of	$\Box$ One night or less				$\Box$ One year or longer
homelessness started:		□ Two to six nights				□ Client doesn't know
		$\Box$ One week or more	e, but le	ss than on	e month	$\Box$ Client prefers not to answer
		$\Box$ One month or mo	re, but l	ess than 9	0 days	□ Data not collected
		$\Box$ 90 days or more,	but less	than one	year	
(Regardless of where they sta <b>Number of times</b> the client h ES, or SH in the past three ye	has been on	the streets, in	in the	past three		e 1st month)
	□ Four or m		$\Box 2$		□ 10	$\Box$ More than 12 months
$\Box$ Two times	□ Client doe	esn't know	□ 3	□ 7	□ 11	□ Client doesn't know
$\Box$ Three times	□ Client pre	fers not to answer	□ 4		□ 12	□ Client prefers not to answer
I	$\Box$ Data not c	collected	□ 5	□ 9		□ Data not collected
TH RRH HR non CoC RCH SSO Entry As		N.E. O.J. (*D.)	1	1-1		Dago 2 of 7

## HUD Universal Data - LIVING SITUATION (Continued)

<b>B. If INSTITUTIONAL sit</b>	uation selected above, ar	nswer ques	stions: (if	not, skip	o to next qu	uestion)
Did you stay less than 90	days? □ Yes* □ No (I	f "No", ski	p to HUE	) Progran	n)	
*If yes, what was the <b>Prior Living Situatio</b>	Length of Stay in the on:		e night or o to six ni			week or more, but less than one month month or more, but less than 90 days
*If ves, on the night b	efore, did you stay on the	e "streets"	. ES or S	H?	□ Yes**	□ No (If "No", skip to HUD Program)
	his episode of homelessne				_ 105	
Approximate date t	his episode of nomelessile	ss starteu.				
Number of times the	ss of where they stayed la client has been on the str st three years including to	reets,	in ES,	or SH in	the past th	<b>r of months</b> homeless on the streets, nree years: the 1st month)
$\Box$ One time	$\Box$ Four or more times		$\Box 2$	$\Box 6$	□ 10	$\Box$ More than 12 months
$\Box$ Two times	□ Client doesn't know		□ 3	□ 7	□ 11	□ Client doesn't know
$\Box$ Three times	□ Client prefers not to a	nswer	$\Box 4$		□ 12	□ Client prefers not to answer
	□ Data not collected		□ 5	□ 9		□ Data not collected
						stions: (if not, skip to HUD Program)
Did you stay less than 7 h	nights? $\Box$ Yes* $\Box$ No (1)	II INO, SK	ip to HUI	J Program	m)	
*If yes, what was the <b>L</b> <b>Prior Living Situatio</b> r			night or le to six nig			
*If yes, on the night be	fore, did you stay on the	"streets",	ES or SH	I?	□ Yes**	□ No (If "No", skip to HUD Program)
**Approximate date th	is episode of homelessnes	s started: _				
Number of times the	ss of where they stayed la client has been on the str st three years including to	reets,	ES, or	SH in the	e past three	of months homeless on the streets, in e years: the 1st month)
$\Box$ One time	□ Four or more times		$\Box 2$	□ 6	□ 10	$\Box$ More than 12 months
$\Box$ Two times	□ Client doesn't know		□ 3	□ 7	□ 11	□ Client doesn't know
$\Box$ Three times	□ Client prefers not to a	nswer	□ 4		□ 12	$\Box$ Client prefers not to answer
	□ Data not collected		□ 5	□9		□ Data not collected
HUD Program Data						
Survivor of Domestic Viol	onco*					
$\square$ No $\square$ Yes	□ Client doesn't k	now 🗆	Client pr	efers not	to answer	□ Data not collected
TC			1			
If yes, when experience			_		24 1	
$\Box$ Within the past th		wootly)			esn't know efers not to	
	hs (excluding six months e	•		-	collected	Janswei
□ From six months i □ One year ago or n	to one year (excluding one	year exact	шу) Ц		conected	
Are your currently fle	noing''					
$\Box$ No $\Box$ Yes	Client doesn't k	_	<u></u>	c	to answer	□ Data not collected

Adult Entry / Assessment Form

### HUD Program Data (continued)

□ No	$\Box$ Yes*	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
If yes, ple	ase mark all th	at are applicable:		
□ SNA	P (Food Stamps	)	□ TANF Transportation Serv	ices
$\Box$ WIC	-Nutrition for W	omen, Infants, Children	□ Other TANF-Funded Servi	ces
□ TAN	F Child Care Se	rvices	□ Other source:	
ealth Insura	nce* Are you co	overed by health insurance?		
□ No	$\Box$ Yes	$\Box$ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
			-	
isabling Cor	ndition*			
Substance	e Use Disorder*	* (If "NO" selected, skip to	Mental Health)	
🗆 No		□ Drug Use Disorder	□ Both Alcohol and Drug Use Dis	sorder
		□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
a) Expe	cted to be of lon	-	duration and substantially impair	rs ability to live independently?
□No		□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
	□Yes			
		* (If "NO" selected, skip to	-	
			-	□ Data not collected
<u>Mental H</u> □No	<mark>ealth Disorder'</mark> □Yes	* (If "NO" selected, skip to □ Client doesn't know	Developmental Disability)	□ Data not collected
<u>Mental H</u> □No	<mark>ealth Disorder'</mark> □Yes	* (If "NO" selected, skip to □ Client doesn't know	Developmental Disability) □ Client prefers not to answer	□ Data not collected
Mental H □No a) Exped □No	ealth Disorder <sup>3</sup> □Yes cted to be of lon □Yes	<ul> <li>★ (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>g-continued and indefinite</li> <li>□ Client doesn't know</li> </ul>	Developmental Disability)  Client prefers not to answer  duration and substantially impain  Client prefers not to answer	□ Data not collected s ability to live independently?
Mental H □No a) Exped □No	ealth Disorder <sup>3</sup> □Yes cted to be of lon □Yes	<ul> <li>★ (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>g-continued and indefinite</li> <li>□ Client doesn't know</li> </ul>	Developmental Disability)  Client prefers not to answer duration and substantially impair	□ Data not collected s ability to live independently?
Mental Ha □No a) Expec □No Developm □No	ealth Disorder <sup>*</sup> □Yes cted to be of lon □Yes eental Disabilit □Yes	<ul> <li>★ (If "NO" selected, skip to</li> <li>☐ Client doesn't know</li> <li>g-continued and indefinite</li> <li>☐ Client doesn't know</li> <li>y* (If "NO" selected, skip to</li> <li>☐ Client doesn't know</li> </ul>	Developmental Disability) □ Client prefers not to answer duration and substantially impair □ Client prefers not to answer o Chronic Health Condition) □ Client prefers not to answer	□ Data not collected <b>rs ability to live independently?</b> □ Data not collected
Mental Ha □No a) Expec □No Developm □No	ealth Disorder <sup>*</sup> □Yes cted to be of lon □Yes eental Disabilit □Yes	<ul> <li>* (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>• Grient doesn't know</li> <li>• Client doesn't know</li> <li>• Client doesn't know</li> <li>• (If "NO" selected, skip to</li> </ul>	Developmental Disability)  Client prefers not to answer  duration and substantially impain  Client prefers not to answer  Ochronic Health Condition)  Client prefers not to answer to HIV / AIDS)	□ Data not collected <b>rs ability to live independently?</b> □ Data not collected
Mental Ha □No a) Expec □No Developm □No Chronic H □No	ealth Disorder <sup>4</sup> Yes cted to be of lon Yes eental Disability Yes Health Condition Yes	<ul> <li>★ (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>g-continued and indefinite</li> <li>□ Client doesn't know</li> <li>w* (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>on* (If "NO" selected, skip</li> <li>□ Client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impain         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> </ul>
Mental Ha □No a) Expec □No Developm □No Chronic H □No	ealth Disorder <sup>4</sup> Yes cted to be of lon Yes eental Disability Yes Health Condition Yes	<ul> <li>★ (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>g-continued and indefinite</li> <li>□ Client doesn't know</li> <li>w* (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>on* (If "NO" selected, skip</li> <li>□ Client doesn't know</li> </ul>	Developmental Disability)  Client prefers not to answer  duration and substantially impain  Client prefers not to answer  Ochronic Health Condition)  Client prefers not to answer to HIV / AIDS)	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> </ul>
Mental Ha         □No         a) Expect         □No         Developm         □No         Chronic H         □No         a) Expect         □No         a) Expect         □No         a) Expect         □No         a) Expect         □No	ealth Disorder \[ Yes cted to be of lon \[ Yes ental Disability \[ Yes tealth Condition \[ Yes cted to be of lon \[ Yes	<ul> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>g-continued and indefinite</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> </ul>	Developmental Disability)         Client prefers not to answer         duration and substantially impain         Client prefers not to answer         o Chronic Health Condition)         Client prefers not to answer         to HIV / AIDS)         Client prefers not to answer         duration and substantially impain         Client prefers not to answer	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>rs ability to live independently?</li> </ul>
Mental Ha         □No         a) Expect         □No         Developm         □No         Chronic H         □No         a) Expect         □No         HIV / AII	ealth Disorder □Yes cted to be of lon □Yes ental Disability □Yes Health Condition □Yes cted to be of lon □Yes DS* (If "NO" se	<ul> <li>* (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>• Gerontinued and indefinite</li> <li>□ Client doesn't know</li> <li>• (If "NO" selected, skip to</li> <li>□ Client doesn't know</li> <li>• (If "NO" selected, skip</li> <li>• Client doesn't know</li> <li>• Client doesn't know</li> <li>• Gerontinued and indefinite</li> <li>□ Client doesn't know</li> <li>• Gerontinued and indefinite</li> <li>□ Client doesn't know</li> <li>• Gerontinued and indefinite</li> <li>□ Client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         ability) (as applicable)	<ul> <li>Data not collected</li> <li>rs ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>rs ability to live independently?</li> <li>Data not collected</li> </ul>
Mental Ha         □No         a) Expect         □No         Developm         □No         Chronic H         □No         a) Expect         □No         HIV / AII         □No	ealth Disorder \[ Yes cted to be of lon \[ Yes ental Disability \[ Yes Health Condition \[ Yes cted to be of lon \[ Yes DS* (If "NO" se \[ Yes	<ul> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>client doesn't know</li> <li>client doesn't know</li> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         ability) (as applicable)         □ Client prefers not to answer	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>rs ability to live independently?</li> </ul>
<u>Mental Ha</u> □No <b>a) Expe</b> □No <b>Developm</b> □No <b>Chronic H</b> □No <b>a) Expe</b> □No <b>HIV / AII</b> □No <b>Physical I</b>	ealth Disorder Yes cted to be of lon Yes ental Disability Yes tealth Condition Yes cted to be of lon Yes Cted to be of lon Yes DS* (If "NO" se Yes Disability* (If "	<ul> <li><u>(If "NO" selected, skip to</u></li> <li>Client doesn't know</li> <li>g-continued and indefinite</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         ability) (as applicable)         □ Client prefers not to answer         h Insurance Assessment)	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> </ul>
Mental Ha         □No         a) Expect         □No         Developm         □No         Chronic H         □No         a) Expect         □No         a) Expect         □No         a) Expect         □No         HIV / AII         □No         Physical I         □No	ealth Disorder \[ Yes cted to be of lon \[ Yes ental Disability \[ Yes tealth Condition \[ Yes cted to be of lon \[ Yes DS* (If "NO" se \[ Yes Disability* (If "	<ul> <li><u>(If "NO" selected, skip to</u></li> <li>Client doesn't know</li> <li>g-continued and indefinite</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impain         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer         duration and substantially impain         □ Client prefers not to answer         duration and substantially impain         □ Client prefers not to answer         ability) (as applicable)         □ Client prefers not to answer         h Insurance Assessment)         □ Client prefers not to answer	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> </ul>
Mental Ha         □No         a) Expect         □No         Developm         □No         Chronic H         □No         a) Expect         □No         a) Expect         □No         a) Expect         □No         HIV / AII         □No         Physical I         □No	ealth Disorder \[ Yes cted to be of lon \[ Yes ental Disability \[ Yes tealth Condition \[ Yes cted to be of lon \[ Yes DS* (If "NO" se \[ Yes Disability* (If "	<ul> <li><u>(If "NO" selected, skip to</u></li> <li>Client doesn't know</li> <li>g-continued and indefinite</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip to</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If "NO" selected, skip</li> <li>Client doesn't know</li> <li>(If client doesn't know</li> </ul>	Developmental Disability)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         o Chronic Health Condition)         □ Client prefers not to answer         to HIV / AIDS)         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         duration and substantially impair         □ Client prefers not to answer         ability) (as applicable)         □ Client prefers not to answer         h Insurance Assessment)	<ul> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> <li>s ability to live independently?</li> <li>Data not collected</li> <li>Data not collected</li> <li>Data not collected</li> </ul>

□ Yes\* If "Yes", Preferred language: \_\_\_\_\_

#### **Health Insurance Assessment** (*if yes to health insurance*)

	,
□ Medicaid	□ Health Insurance obtained through COBRA
	□ State Health Insurance for Adults
□ State Children's Health Insurance	□ Private Pay Health Insurance
□ Veteran's Health Administration (VHA)	Indian Health Services Program
Employer-Provided Health Insurance	□ Other: Specify

□ Unemployment	\$	□ Retirement from Social	Security:	\$
□ Earned Income (employment):	\$	U VA Non-Service Disab	ility Pension	\$
□ SSI:	\$	Pension or Retirement	Income (job):	\$
□ SSDI:	\$	□ Child Support:		\$
□ VA Service Disability Compensation:	\$	□ Alimony or Other Spou	isal Support:	\$
□ Private Disability Insurance:	\$	U Worker's Compensatio	n:	\$
□ TANF	\$	□ Other:		\$
□ General Assistance:	\$	TOTAL INCOME:		\$
Hawaii Specific Assessment				
Hawaii Residence Information				
Did you arrive in Hawaii during the	-			
		Client Refused	_	
If yes, how long have you been in Ha	waii? # of months:	If in Hawaii les	s than one mo	onth, # of days:
How long have you lived in Hawaii o	ver your lifetime?*	# of years:		
Before your 18 <sup>th</sup> birthday, were you	placed in an out of l	nome placement and/or o	experience ho	omelessness?
Check all that apply.	L	_	_	
	uvenile Home	$\Box$ No	□ Client does	
$\Box$ Group Home $\Box$ H	Iomeless		□ Client refu	sed
Personal Information				
Marital Status*:				
$\Box$ Single/never married $\Box$ M	Married	□ Widowed	□ Client refu	sed
$\Box$ Living with partner $\Box$ S	Separated/divorced	□ Other		
What is your current criminal justice	e status*			
$\Box$ Parole $\Box$ H	Formerly in system &	completed requirements	□ Client does	sn't know
	Drug court	1 1	□ Client refu	sed
□ Supervised release □ None			Data not co	ollected
	Other			
If the client's residence just prior to pro	oject entry was an <b>E</b>	CS, TH, or PSH project, j	please specify	which one?
Zip code of last permanent address*	Z	ip Code Data Quality*:	□ Full or Par	tial
	Ľ	] Client doesn't know	□ Client ref	fused
If currently working, # hours worked in	1 nast week?			
in currentry working, " nours worked in	publicent			
Referral Information* (How were you ref	erred to this agency?	?)		
□ Aloha United Way □ Hom	eless services agency	y $\Box$ Self $\Box$	Client doesn'	t know

🗆 Kauai

Amount

Adult Entry / Assessment Form

🗆 Maui

**Income Type** 

□ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected

Amount

# Bridging the Gap – TH, RRH, HP, Non CoC PSH and SSO

□ Big Island

Please check all resources and enter the amount per MONTH\*

**HUD Financial Assessment** 

Income from Any Source\*

**Area Median Income\*** 

Income Type

nona e nicea (raj	
Criminal justice	□ Hospital

 $\Box$  VA

□ Client	doesn't know
□ Other	

If homeless service agency, which one?\*



#### Hawaii Specific Assessment (continued)

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